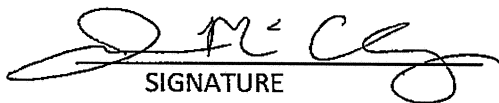


APPLICANT PERSONAL STATEMENT

McClure, Jacquelyn 082-84-8114 Albany 20160819
NAME(LAST, FIRST MI) SSN RS DATE

I, Jacquelyn McClure, noticed discomfort when playing softball in my left shoulder. My parents took me to Columbia Hospital to see Dr. Christopher Ahmad M.D who is a sports medicine specialist and focuses on shoulder injuries. His findings showed that due to the constant and strenuous movement involved with windmill pitching, the muscles had been stretched. Dr. C. Ahmad then performed laparoscopic surgery on August 16th, 2010, to tighten the muscles. There were no rods or any type of hardware put into my shoulder. A month after surgery I began physical therapy. The time spent doing therapy both in an office and on my own was six months. The therapy continued at home and in the gym even after it had ended with the therapist. Once I had finished my therapy I had a follow up appointment with Dr. C. Ahmad where he cleared me for all sports and physical activities. In 2012 I was discharged from Dr. C. Ahmad's care. Today I participate in rigorous physical activities as well as weight training. I am also currently doing ten to twelve pull ups and one hundred and seventeen ammo can lifts.


SIGNATURE

LEVEL OF ACTIVITY STATEMENT

1. What physical activities are you involved in? Includes individual and team sports, as well as anything physical that you do at your job?

I have been training with my recruiters and other applicants in the office since September 2015. I also go to Planet Fitness at least four times a week. I do a lot of weight lifting in the gym.

2. How many times per week and for how long do you participate in each activity?
Include the time of the year you participate in each of the activities.

I come in for PT twice a week. I have been doing this all year since September. Each PT is usually around an hour and a half. I go to the gym all year round and is there for around two hours at least four times a week.

3. How long have you participated in each of your physical activities?

I've been a gym member for about six years, and attending PT for about 11 months.

4. Do you have any physical limitations or restrictions that preclude you from participating in any physical activities?

No, I have full range of motion and strength, there are no limitations or restrictions that prevent me from participating in any physical activities.

5. Have you ever had any sports or physical activities injuries? Please explain.

Yes, due to the constant motion of windmill pitching from playing softball in high school, muscles surrounding my shoulder had been stretched.

6. Are there any sports or physical activities you can not or have been advised not to participate in? If so, when would you be able to resume the subject physical activity?

No, I have been cleared for all physical activities and military duties.

7. Have you had any surgery, medical treatment, or physical therapy for any injury?

Explain when the surgery and/or medical treatment was and when you were discharged from doctor's care.


I had shoulder surgery in 2010 to tighten the surrounding muscles. After the procedure I did six months of therapy where I regained strength and full range of motion. I was discharged from the doctor's care in April 2012.

8. Are you under any current medical care and/or physical therapy for an injury?

NO, I am not currently under any medical care or physical therapy for an injury.

9. Are you under any current medical care for any reason? Explain.

NO, I am not currently under any medical care for any reason.

 20160819
Signature of Applicant and Date

Progress Note

Patient: McClorey, Jacqueline
Account Number: 114525
DOB: 04/06/1995 **Age:** 21 Y **Sex:** Female
Phone: 845-469-4030
Address: 145 Conklingtown Rd, Chester, NY-10918

Provider: ROBERT P MANTICA**Date:** 07/22/2016**Subjective:****Chief Complaints:**

1. INITIAL FOR LEFT SHOULDER CLEARANCE FOR USMC.

HPI:-Today's Visit:-

Amanda Hansen, P.A. has sent this patient to our office for an evaluation of her left shoulder. She is signing up for the Marine Core and they have asked for an orthopedic clearance because she had left shoulder arthroscopic repair of a lax labrum. This was performed in 2010. The patient had rehab and since that time has had no pain in her shoulder. She has no restriction of motion. She has been training with a Marine group for almost a year. She is doing weight lifting. She is doing pull-ups, pushups and other exercises that demand strength and resistance in the shoulder. She has had no difficulty with these.

ROS:General/Constitutional:

Patient denies fever, chills, fatigue.

HEENT:

Patient denies cold symptoms, sinus pain.

Respiratory:

Patient denies cough, shortness of breath.

Cardiovascular:

Patient denies chest pain, palpitations.

Gastrointestinal:

Patient denies abdominal pain, nausea, vomiting, diarrhea, constipation.

Hematology/Lymphatic:

Patient denies bleeding problems, anemia.

Musculoskeletal:

Patient complaining of LEFT SHOULDER.

Peripheral Vascular:

Patient denies blood clots in legs, cold extremities.

Dermatology:

Patient denies rash, skin lesion(s).

Neurologic:

Patient denies gait abnormality, tingling/numbness.

Surgical History: Appendectomy .

Medications: None

Allergies: Carafate: rash: Allergy, Flagyl: Allergy.

Objective:

Vitals: BP 120/72 mm Hg, HR 68 /min, RR 15 /min, Ht 64 in, Wt 145 lbs, BMI 24.89 Index.

Examination:General Examination:

GENERAL APPEARANCE: well developed, well nourished, alert and oriented, 21-year-old woman. She is muscular.

HEAD: atraumatic, normocephalic.

LYMPH NODES: no lymphadenopathy.

MUSCULOSKELETAL: She has no atrophy, but good muscle development in her upper extremities. She has full active range of motion of both shoulders. It is symmetric with 180

degrees of forward flexion and 160 degrees of abduction. She has full internal and external rotation. She has good strength against resistance in all motor groups tested.

EXTREMITIES: no clubbing, cyanosis, or edema.

PERIPHERAL PULSES: 2+ dorsalis pedis, 2+ posterior tibial, 2+ radial.

SKIN: warm and dry, no rashes.

NEUROLOGIC: alert and oriented to person, place, and time, cranial nerves 2-12 grossly intact.

Assessment:

Assessment:

The patient is fit for full duty in the Marine Core.

Plan:


1. Others

Notes: Her left shoulder exam is well within normal limits today.

Follow Up: prn

Provider: ROBERT P MANTICA

Patient: McClorey, Jacqueline **DOB:** 04/06/1995 **Date:** 07/22/2016

A handwritten signature in black ink, appearing to read "Robert P. Mantica", with a stylized flourish at the end.

Electronically signed by ROBERT MANTICA, MD on 07/27/2016 at 09:27 AM EDT
Sign off status: Pending

CURRENT EVAL SHOULDER

Patient: JACQUELENE MCCLOREY

MRN:5713245

DOB: Apr 06,

1995

Date of Service: 06/05/2015

To Whom It May Concern:

JACQUELENE MCCLOREY is under my care. She had left shoulder arthroscopic labral repair and capsulorrhaphy on August 16th, 2010. She fully recovered from that surgery. She was last evaluated in the office on February 27th, 2012. At that time she had full range of motion and no limitations. She is cleared for all sports and military activities. Please contact our office with questions.

Sincerely,

Christopher Ahmad, MD

Electronically signed by: Julianna Kaplan Jun 5 2015 10:34AM EST Administrative

Reviewed and Considered
in Applicant's Physical Profile
Dr. R Date 20160608



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Patient: JACQUELENE MCCLOREY
Operative Note

DOB: Apr 06, 1995
MRN: 5713245
Date of Visit: 08/16/2010

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New York Presbyterian Hospital - Columbia
Operative Report

NAME: MCCLOREY, JACQUELINE
MRN: 5713245

ATT:

DICT: Christopher Ahmad, M.D.

Admit Date:

Discharge Date:

Procedure Date: 08/16/2010

SURGEON: CHRISTOPHER AHMAD, M.D.

PREOPERATIVE DIAGNOSIS:
LEFT SHOULDER INSTABILITY.

POSTOPERATIVE DIAGNOSIS:
LEFT SHOULDER INSTABILITY.

OPERATION:

LEFT SHOULDER ARTHROSCOPIC LABRAL REPAIR AND CAPSULORRHAPHY.

ASSISTANT:

DR. STEPHANIE HSU
DR. BRIAN SHULTZ

ANESTHESIA:

General.

COMPLICATIONS:

None.

ESTIMATED BLOOD LOSS:

Scant.

IMPLANTS:

Included 4 Arthrex 2.4 Bio-Composite suture tacks.

FINDINGS AT SURGERY:

Exam under anesthesia was significant for grade 3 posterior instability and grade 2 anterior instability, 1-cm sulcus, and there were intact chondral surfaces and intact rotator cuff.

INDICATIONS:

The patient has had a long history of left shoulder pain associated with a voluntary component of instability and infection, could not raise her arm without her shoulder subluxing and reducing. Options of nonoperative as well as operative treatments, benefits and alternatives associated with surgery were discussed at great length with the patient and her family, and they understood the risks include, but not be limited to

Reviewed and Considered
in Applicant's Physical Exam
Dr. _____ Date _____



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Patient: JACQUELENE MCCLOREY
MRN: 5713245

Date of Visit: Oct 19 2015
DOB: 04/06/1995

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James J. Zambelli, Jr., M.D.

To: United States Marine Corps

From: Christopher S. Ahmad, MD; Orthopedics.

I have treated Jacqueline McClorey in the past for a left shoulder condition. Jacqueline did not have any episodes of frank dislocation but does have a prior history of instability of the left shoulder. It was corrected on 8/16/2010 by arthroscopic labral repair and capsulorrhaphy. After surgery, she underwent physical therapy where her recovery was successful. Her last evaluation was on 2/27/2012 where she demonstrated full range of motion, full strength, no glenohumeral translation, and had no limitations. In my medical opinion, Jacqueline McClorey is cleared for sports and high impact activities, to include the rigors of recruit training, without restrictions or limitations.

Please contact our office with any questions.

Sincerely,

Christopher S. Ahmad, MD
Head Team Physician New York Yankees
Head Team Physician New York City Football Club
Chief, Sports Medicine Service
Co-Director, Center for Shoulder, Elbow, and Sports Medicine
Director, Pediatric and Adolescent Sports Medicine, Biomechanics Research
Vice Chair of Clinical Research
Professor of Orthopaedic Surgery
Columbia University Medical Center

Electronically signed by: Rosa Falce Oct 19 2015 4:48PM EST Administrative



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Patient: JACQUELENE MCCLOREY
Office Visit

DOB: Apr 06, 1995
MRN: 5713245
Date of Visit: 06/07/2010

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REFERRAL SOURCE:

Jennifer Solomon, Hospital for Special Surgery.

CHIEF COMPLAINT:

Left shoulder instability.

HISTORY:

The patient is a 15-year-old female extremely active in multiple sports, her primary being softball as a pitcher, also plays flag football who has had almost a full year of left shoulder pain with instability that has persisted despite nonoperative treatment with at least 3 months of physical therapy. She explains that her shoulder moves out of position and goes back in, and she is now unable to do routine activities such as lifting overhead without the symptoms. She also develops numbness sensation on occasion that affects all her digits and goes from her shoulder down her arm. She has undergone an MRI scan and is presenting for another evaluation.

Further details of past medical history, past surgical history, review of systems, medications, and family history were reviewed and outlined on the chart.

PHYSICAL EXAMINATION:

Exam reveals a healthy-appearing female, alert and oriented x3. Mood is appropriate. Ambulates with a slow steady gait. The right shoulder has full range of motion, normal sensation, 5 out of 5 motor strength, 2+ radial pulse. Skin is intact. No edema. No instability. There is generalized ligamentous laxity with elbow recurvatum, metacarpal hyperextension, and thumb to radius.

Left shoulder with active forward elevation dislocates posteriorly and then spontaneously reduces. The dislocation can be prevented with manual assistance, and external rotation is 70, internal rotation is T10, and there is weakness to forward elevation, external rotation. In the supine position, is grade 3 posterior translation, grade 2 anterior, 1 cm Sulcus.

X-RAYS:

By report, MRI reveals large patulous capsule.

IMPRESSION:

Left shoulder voluntary multidirectional instability, posterior major component.

PLAN:

Left shoulder diagnostic arthroscopy exam under anesthesia, capsulorrhaphy with regimented discipline postoperatively, immobilization, and therapy.



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Patient: JACQUELENE MCCLOREY
Office Visit

DOB: Apr 06, 1995
MRN: 5713245
Date of Visit: 08/31/2010

DATE OF SURGERY:
08/16/2010.

HISTORY:

Jacqueline is here for followup, and she is 15 days status post left shoulder arthroscopic labral repair and capsulorrhaphy. Denying problems with numbness and tingling.

PHYSICAL EXAMINATION:

Wounds are well healed. Sutures are removed. Steri-Strips are applied. External rotation is 30, forward elevation is 60 without difficulty. 2+ radial pulse. Skin is intact.

IMPRESSION:

Doing well status post above surgery.

PLAN:

Home exercises for elbow, wrist. We will avoid physical therapy to allow further healing, and she will follow up in two to three weeks and consider initiation of therapy at that time.

Electronically signed by: CHRISTOPHER AHMAD M.D. Sep 17 2010 11:07AM EST

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Patient: JACQUELENE MCCLOREY
Office Visit

DOB: Apr 06, 1995
MRN: 5713245
Date of Visit: 08/16/2010

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HISTORY:

Jacqueline is here for followup 4-1/2 weeks status post a left shoulder labral repair and capsulorrhaphy. Denying problems with numbness and tingling, using a brace, back to school.

PHYSICAL EXAMINATION:

External rotation 60, forward elevation 120, 2+ radial pulse. Skin is intact. No edema. No instability and well-healed incisions.

IMPRESSION:

Doing well status post above surgery.

PLAN:

Continued sling immobilization. She will begin therapy in two weeks and avoid stretching, focusing on strengthening.

Electronically signed by: CHRISTOPHER AHMAD M.D. Sep 17 2010 11:08AM EST



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www.nyortho.com/ahmad.htm

Patient: JACQUELENE MCCLOREY
Office Visit

DOB: Apr 06, 1995
MRN: 5713245
Date of Visit: 10/11/2010

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HISTORY:

Jacqueline is here for follow up. She is 2 months status post a left shoulder labral repair, capsulorrhaphy. She is back in school. She is doing well with physical therapy.

PHYSICAL EXAMINATION:

External rotation to 60. Forward elevation 160. 2+ radial pulse. Skin is intact. No edema. No instability.

IMPRESSION:

Doing well status post above surgery.

PLAN:

The plan is for continued physical therapy, weaning from the sling. Follow up in 6 weeks.

Electronically signed by: CHRISTOPHER AHMAD M.D. Oct 29 2010 4:24PM EST



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Patient: JACQUELENE MCCLOREY
Office Visit

DOB: Apr 06, 1995
MRN: 5713245
Date of Visit: 11/22/2010

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HISTORY:

Jacqueline is here for follow up. She is three months status post a left shoulder arthroscopic repair and capsulorrhaphy. Denying problems of numbness and tingling. Back in school and she is very satisfied with the result. No episodes of instability.

Further details of the past medical history, past surgical history, review of systems, medications and family history are reviewed and outlined in the chart.

PHYSICAL EXAMINATION:

Exam reveals a healthy appearing female alert and oriented times three. Mood and affect appropriate. She is ambulating in a slow steady gait. Left shoulder has forward elevation to 150, external rotation to 60 to external rotation T10. Normal sensation. 2+ radial pulse. Skin is intact. No edema. No instability. Negative posterior apprehension.

IMPRESSION:

Doing well status post above surgery.

PLAN:

The plan is for continued physical therapy. Transition to home exercise program. Follow up in six weeks.

Electronically signed by: CHRISTOPHER AHMAD M.D. Jan 4 2011 10:21AM EST



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Patient: JACQUELENE MCCLOREY
Office Visit

DOB: Apr 06, 1995
MRN: 5713245
Date of Visit: 01/05/2011

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HISTORY:

Jacqueline is here for followup. She is 4-1/2 months status post left shoulder arthroscopic repair and capsulorrhaphy. Denying problems with numbness and tingling. She is doing physical therapy. She is interested in softball this spring.

Further details of the past medical history, past surgical history, review of systems, medications, and family history have been reviewed and outlined on the chart.

PHYSICAL EXAMINATION:

Exam reveals healthy-appearing female. Alert and oriented x 3. Mood and affect are appropriate. She is ambulating with a nonantalgic gait. The left shoulder has forward elevation 175, external rotation is 80, internal rotation T6. Radial pulse 2+. Skin is intact. No edema. No instability. Negative posterior apprehension.

IMPRESSION:

Doing well status post above surgery.

PLAN:

The plan is for continued physical therapy. She will follow up in 2 months.

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Patient: JACQUELENE MCCLOREY
Office Visit

DOB: Apr 06, 1995

MRN: 5713245

Date of Visit: 03/17/2011

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HISTORY:

Jacqueline is here for followup seven months status post a left shoulder arthroscopic stabilization. Denying positive numbness and tingling, completely pain free, and no episodes of instability. She is interested in throwing.

Further details of the past medical history, past surgical history, review of systems, medications, family history are reviewed and outlined in the chart.

PHYSICAL EXAMINATION:

A healthy-appearing female. Alert and oriented times three. Mood and affect appropriate. She is ambulating with a nonantalgic gait. The left shoulder has forward elevation 175, external rotation 80, internal rotation T6. In abduction, external rotation 90, internal rotation 70. Radial pulse 2+. Skin is intact. No edema. No instability. There is excellent strength.

IMPRESSION:

Doing well status post above surgery.

PLAN:

Initiation of throwing program, and she will follow up in two months if necessary.

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